TESTIMONY
Submitted by Dr. Vivian Cross

- Raised Bill No 1105 – An Act Concerning Special Education (Section B)
- Raised Bill No. 6501 – An Act Concerning Delays in the Evaluation and Determination Process of Students Suspected of Requiring Special Education

This testimony is submitted in support of Raised Senate Bills 1105 and 6501 and, in particular, on behalf of lead exposed / poisoned infants, toddlers, preschool children and students in grades K through 12 who are at risk of being denied federally mandated services or who have been denied crucially needed timely services rightfully due them as mandated under the Individuals with Disabilities Education Act (I.D.E.A.) *Parts B and C* and Section 504 of the Rehabilitation Act. My testimony is given as a professional educator, neurodevelopmental diagnostician and as a concerned citizen who is personally moved with compassion regarding children and youth with early intervention, special education and / or related service needs.

In addition, this is a sincere request for the Education Committee membership to take compassionate and responsible legislative action steps that will serve to protect the civil rights of children and that legislation be passed to ensure that CT's children and youth will not be victims of delays or the denial of early intervention and timely evaluations and services rightfully due them under federal law.

STATEMENT OF THE PROBLEM &THE NEED FOR FEDERAL LAW COMPLIANCE

Currently, Connecticut has no guidelines, policies, nor comprehensive strategic / systemic process to ensure compliance with federal law regarding lead exposed / poisoned children who qualify as "Other Health Impaired due to Lead Poisoning" under I.D.E.A. Part B nor for infants and toddlers who qualify under I.D.E.A. - Part C. This has and continues to contribute to I.D.E.A. qualifying children being denied crucially needed and timely services rightfully due them as mandated under Federal Law *(i.e., the Individuals with Disabilities Act (I.D.E.A.) Parts B and C and Section 504 of the Rehabilitation Act).*

Individual with Disabilities Education Act (I.D.E.A.) and Section 504 Mandates:

The Individuals Disability Education Act (I.D.E.A.) requires that schools provide a free and appropriate education to all students with disabilities - and includes "Child Find" provisions that obligate school systems to locate, identify and evaluate children suspected of having a disability. Unfortunately, in Connecticut, I.D.E.A.'s role in ensuring appropriate treatment for children with a history of lead poisoning is neither well understood, nor fully used by local school systems. Parents encounter difficulties navigating the system to obtain timely and appropriate educational services. Widespread noncompliance with IDEA's early intervention provisions (Part C), denies thousands of young children with lead poisoning crucial services at a critical early age during brain development.

Please refer to the attached U.S. Department of Education – Office of Special Education and Rehabilitative Services (O.S.E.R.S.) memorandum to State Directors of Special Education and cc'd

to Chief State Officers, Regional Resource Centers, Parent Training Centers, Protection and Advocacy Agencies and Section 619 Coordinators. This document further reinforces and clarifies that states and local education associations (LEA's) have an obligation to ensure that of **children suspected of having a disability are not delayed are denied initial evaluations**. The U.S. Dept of Ed. Memorandum further states that it is critical that identification, location and evaluation take place in a timely manner and that no procedures or practices result in delaying or denying this identification.

(Refer to page 5 of this document to see attached U.S. Department of Education – Office of Special Education and Rehabilitative Memorandum)

RESEARCH ON THE IMPACT OF CHILDHOOD LEAD POISOING ON LEARNING, BEHAVIOR AND CT's EDUCATIONAL ACHIVEMENT GAP

Researchers have identified childhood lead poisoning as the most costly and devastating pediatric environmental health disease impacting children in the U.S. According to a study conducted by the Centers for Children's Health, childhood lead poisoning is estimated to cost $43.4 billion annually, compared to 2 billion for asthma and .3 billion for childhood cancer *(Landrigan, et.al., 2002)*. The effects of lead poisoning are known to adversely impact cognition throughout adulthood. Lead ingestion puts young children at risk of permanent brain damage resulting in intellectual impairments, developmental delays, learning disabilities, memory loss, attention deficits, hyperactivity, concentration problems, behavioral disorders, developmental impairments, language disabilities, reading problems, school failure, school drop-out, juvenile delinquency, criminal / violent behavior and at higher levels, even death. *(Lanphear, et.al., 2000; Canfield, et.al. 2003; Bellinger and Needleman, 2003; Dietrich, et.al. 2008)*

Research Study Links Connecticut's Achievement Gap to Early Childhood Lead Exposure

Based on the results of a recent federally funded 2010 preliminary study conducted by Duke University's Children's Environmental Health Initiative in collaboration with the Connecticut State Department of Education and Department of Public Health, early childhood lead exposure of CT's young children negatively affects Connecticut Mastery Test (CMT) results. Negative associations were statistically significant at blood lead levels well below the currently U.S. Centers for Disease Controls Blood Lead Action Level. This study was *released to CT SDE and DPH in April of 2010.*

Additional research information may be obtained On-line at the Connecticut State Department of Public Health - Childhood Lead Poisoning Prevention and Control Program's website for Education and Training located at the following web-link: (http://www.ct.gov/dph/cwp/view.asp?a=3140&q=387550&dphNav_GID=1828&dphPNavCtr=|#47067) under Health Education Lead Poisoning Series and / or at http://www.feact.org/feacttraining.html or http://feact.org/training/help.html

CDC DATA ON NUMBERS OF LEAD POISONED CHILDREN UNDER AGE 6

Based on CT's Department of Public Health Data, between 1997 and 2009, there were **19, 468** children under age 6 who had blood lead levels high enough to put them at risk of permanent brain damage resulting in learning disabilities, attention / concentration problems, behavioral disorders,

delinquency, school failure, dropping out of school, criminal behavior and at higher levels, even death. *(This data is based on the CDC attached document and the 2009 CT DPH Health Disparities Report that includes a Blood Lead Screening rate* for children under 6 years of age *of approximately: a) 25% for 1997 through 2007 b) a BLL screening rate in 2008 of 28.4% and c) a screening rate in 2009 of 31.6%.*

In addition, the CT State Department of Public Health's HEALTH DISPARITIES document reports that in **2008**, there were 1,054 Connecticut children under six years of age had blood lead levels of greater than or equal to 10µg/dL. *(i.e., micrograms per deciliter of blood) to higher than 70 ug/dl)* Black and Hispanic children in urban areas have the highest percentages of elevated blood lead levels in Connecticut. Based on the attached Centers for Disease Control Data document this is an increase in the number of lead exposed children from the 2007 CT DPH data.

PPT and IEP Decision Making Team Members Need to be Educated About Compliance with I.D.E.A - Child Find

Provisions under the Individuals with Disabilities Education Act – (Section (612) requires that States have in effect policies and procedures to ensure that the State identifies, locates and evaluates all children with disabilities residing in the State. There are currently no guidelines, policies or procedures that have been developed in the State of Connecticut to identify, locate or evaluate children who qualify for services due to early childhood lead exposure. (*Refer to attached U.S. Department of Education – Office of Special Education and Rehabilitative Services Memorandum*).

There is a need for educators, social service providers, Multidisciplinary Evaluation Planning and Placement Team (PPT) Members, parents, child care providers and the community-at-large to be educated about the impact of early childhood lead exposure on the brain development, learning and behavior of lead exposed / poisoned children under the age of six years old.

Over the past seven years, a series of statewide forums and surveys have been conducted among urban educators, childcare / social service providers, health professionals and parents that document the need to educate educators, school health professionals and social service providers. For example, attached is a recent State of Connecticut funded health education lead poisoning initiative training report completed during the 2009 – 2010 school year in Bridgeport, CT. Bridgeport's Health Department reports that eight-hundred and thirty-nine (839) participants were included. It is also important to note that Bridgeport, CT has the second highest number of lead poisoned children in Connecticut (i.e., second to New Haven, CT)

Outcomes of surveys conducted among educators involved in the Bridgeport health / education lead poisoning training initiative yielded the following results.

- **100 %** of participating Birth to Three and Pre-Kindergarten educators reported that there is a need for in-service training for educators, health professionals and parents
- **100 %** of participating Bridgeport Nurses reported that there is a crucial / high and significant need for providing training for educators, health professionals and parents

- **100 %** of participating Bridgeport Pupil Personnel (*i.e., teachers and administrators, school psychologists, special education staff, social workers, speech and language clinician, etc.)* - Survey Forum participants reported that there is a need for providing training sessions to better inform educators, health professionals, parents and pupil personnel service providers about childhood lead poisoning and its impact on learning and behavior.
- 100 % of Bridgeport nurses, pre-kindergarten teachers, Birth to Three System professionals and pupil personnel service providers (*i.e., teachers and administrators, school psychologists, special education staff, social workers, speech and language clinician, etc.) reported that there is a need for compliance with federal law (I.D.E.A. -Parts B and C) for appropriate services for lead impaired children*

ATTACHMENTS

Refer to the following attached documents for additional information:

1. January 21, 2011 Memorandum from the U.S. Department of Education – Office of Special Education and Rehabilitative Services Memorandum Regarding RTI Can Not be Used to Delay or Deny an Evaluation for Eligibility under IDEA

2. Bridgeport Health Education Lead Poisoning Survey Results Document Summaries

3. CDC and CT Reported Number of Children under the age of Six Years Old with Elevated Blood Lead Levels High Enough to put them at risk of permanent brain damage resulting in learning disabilities, behavioral problems, language disabilities, developmental delays, school failure, school drop-out, etc.

4. National Early Intervention Longitudinal Study (NEILS) RE: Racial Disparities of Children receiving I.D.E.A. Part C.

5. Chart – Health Effects of Lead in Children with Elevated Blood Lead Levels

6. Historical Overview by Centers for Disease Control – Agency of Toxic Substances Disease Registry of Blood Lead Levels of Concern Over the Years

7. Recommendations

I.D.E.A. - CHILD FIND COMPLIANCE IS REQUIRED FOR LEAD EXPOSED

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

JAN 2 1 2010

Contact Persons:

Name: Ruth Ryder
Telephone: 202-245-7513
Name: Deborah Morrow
Telephone: 202-245-7456

OSEP 11-07

MEMORANDUM

TO: State Directors of Special Education

FROM: Melody Musgrove, Ed.D
Director
Office of Special Education Programs

SUBJECT: A Response to Intervention (RTI) Process Cannot Be Used to Delay-Deny an Evaluation for Eligibility under the Individuals with Disabilities Education Act (IDEA)

The provisions related to child find in section 612(a)(3) of the Individuals with Disabilities Education Act (IDEA), require that a State have in effect policies and procedures to ensure that the State identifies, locates and evaluates all children with disabilities residing in the State, including children with disabilities who are homeless or are wards of the State, and children with disabilities attending private schools, regardless of the severity of their disability, and who are in need of special education and related services. It is critical that this identification occur in a timely manner and that no procedures or practices result in delaying or denying this identification. It has come to the attention of the Office of Special Education Programs (OSEP) that, in some instances, local educational agencies (LEAs) may be using Response to Intervention (RTI) strategies to delay or deny a timely initial evaluation for children suspected of having a disability. States and LEAs have an obligation to ensure that evaluations of children suspected of having a disability are not delayed or denied because of implementation of an RTI strategy.

A multi-tiered instructional framework, often referred to as RTI, is a schoolwide approach that addresses the needs of all students, including struggling learners and students with disabilities,

and integrates assessment and intervention within a multi-level instructional and behavioral system to maximize student achievement and reduce problem behaviors. With a multi-tiered instructional framework, schools identify students at-risk for poor learning outcomes, monitor student progress, provide evidence-based interventions, and adjust the intensity and nature of those interventions depending on a student's responsiveness.

While the Department of Education does not subscribe to a particular RTI framework, the core characteristics that underpin all RTI models are: (1) students receive high quality research-based instruction in their general education setting; (2) continuous monitoring of student performance; (3) all students are screened for academic and behavioral problems; and (4) multiple levels (tiers) of instruction that are progressively more intense, based on the student's response to instruction. OSEP supports State and local implementation of RTI strategies to ensure that children who are struggling academically and behaviorally are identified early and provided needed interventions in a timely and effective manner. Many LEAs have implemented successful RTI strategies, thus ensuring that children who do not respond to interventions and are potentially eligible for special education and related services are referred for evaluation; and those children who simply need intense short-term interventions are provided those interventions.

The regulations implementing the 2004 Amendments to the IDEA include a provision mandating that States allow, as part of their criteria for determining whether a child has a specific learning disability (SLD), the use of a process based on the child's response to scientific, research-based intervention[1]. See 34 CFR §300.307(a)(2). OSEP continues to receive questions regarding the relationship of RTI to the evaluation provisions of the regulations. In particular, OSEP has heard that some LEAs may be using RTI to delay or deny a timely initial evaluation to determine if a child is a child with a disability and, therefore, eligible for special education and related services pursuant to an individualized education program.

Under 34 CFR §300.307, a State must adopt, consistent with 34 CFR §300.309, criteria for determining whether a child has a specific learning disability as defined in 34 CFR §300.8(c)(10). In addition, the criteria adopted by the State: (1) must not require the use of a severe discrepancy between intellectual ability and achievement for determining whether a child has an SLD; (2) must permit the use of a process based on the child's response to scientific, research-based intervention; and (3) may permit the use of other alternative research-based procedures for determining whether a child has an SLD. Although the regulations specifically address using the process based on the child's response to scientific, research-based interventions (i.e., RTI) for determining if a child has an SLD, information obtained through RTI strategies may also be used as a component of evaluations for children suspected of having other disabilities, if appropriate.

The regulations at 34 CFR §300.301(b) allow a parent to request an initial evaluation at any time to determine if a child is a child with a disability. The use of RTI strategies cannot be used to delay or deny the provision of a full and individual evaluation, pursuant to 34 CFR §§300.304-

[1] The Department has provided guidance regarding the use of RTI in the identification of specific learning disabilities in its letters to: Zirkel - 3-6-07, 8-15-07, 4-8-08, and 12-11-08; Clarke - 5-28-08; and Copenhaver - 10-19-07. Guidance related to the use of RTI for children ages 3 through 5 was provided in the letter to Brekken - 6-2-10. These letters can be found at http://www2.ed.gov/policy/speced/guid/idea/index.html.

300.311, to a child suspected of having a disability under 34 CFR §300.8. If the LEA agrees with a parent who refers their child for evaluation that the child may be a child who is eligible for special education and related services, the LEA must evaluate the child. The LEA must provide the parent with notice under 34 CFR §§300.503 and 300.504 and obtain informed parental consent, consistent with 34 CFR §300.9, before conducting the evaluation. Although the IDEA and its implementing regulations do not prescribe a specific timeframe from referral for evaluation to parental consent, it has been the Department's longstanding policy that the LEA must seek parental consent within a reasonable period of time after the referral for evaluation, if the LEA agrees that an initial evaluation is needed. See Assistance to States for the Education of Children with Disabilities and Preschool Grants for Children with Disabilities, Final Rule, 71 Fed. Reg., 46540, 46637 (August 14, 2006). An LEA must conduct the initial evaluation within 60 days of receiving parental consent for the evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe. 34 CFR §300.301(c).

If, however, the LEA does not suspect that the child has a disability, and denies the request for an initial evaluation, the LEA must provide written notice to parents explaining why the public agency refuses to conduct an initial evaluation and the information that was used as the basis for this decision. 34 CFR §300.503(a) and (b). The parent can challenge this decision by requesting a due process hearing under 34 CFR §300.507 or filing a State complaint under 34 CFR §300.153 to resolve the dispute regarding the child's need for an evaluation. It would be inconsistent with the evaluation provisions at 34 CFR §§300.301 through 300.111 for an LEA to reject a referral and delay provision of an initial evaluation on the basis that a child has not participated in an RTI framework.

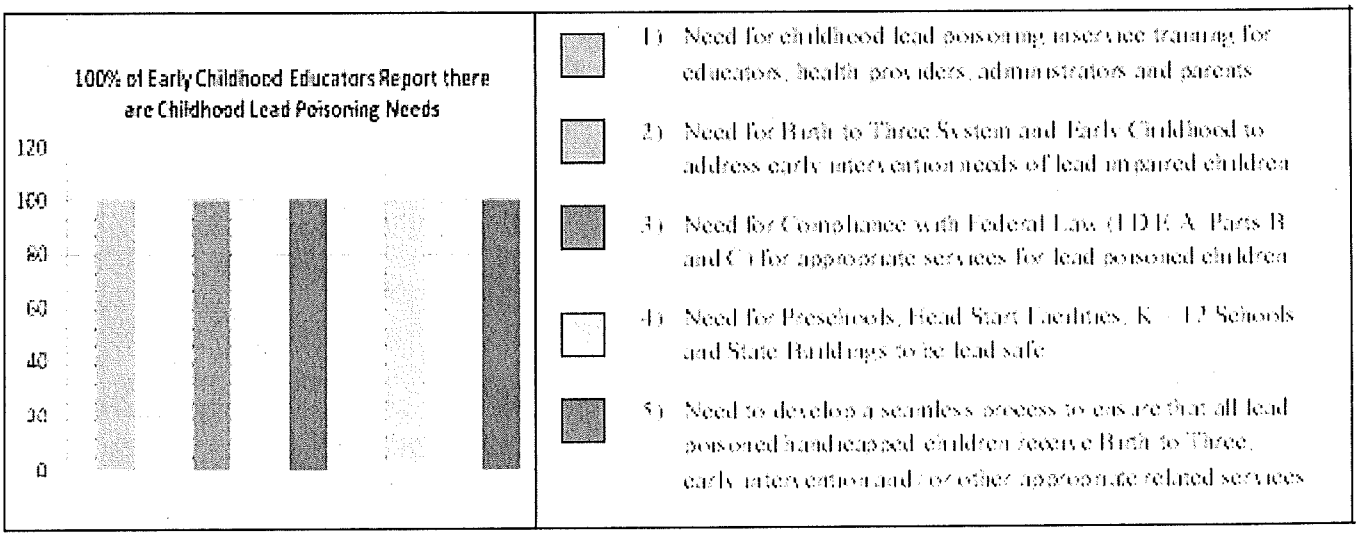
We hope this information is helpful in clarifying the relationship between RTI and evaluations pursuant to the IDEA. Please examine the procedures and practices in your State to ensure that any LEA implementing RTI strategies is appropriately using RTI, and that the use of RTI is not delaying or denying timely initial evaluations to children suspected of having a disability. If you have further questions, please do not hesitate to contact me or Ruth Ryder at 202-245-7513.

References:
Questions and Answers on RTI and Coordinated Early Intervening Services (CEIS), January 2007
Letter to Brekken, 6-2-2010
Letter to Clarke, 4-28-08
Letter to Copenhaver, 10-19-07
Letters to Zirkel, 3-6-07, 8-15-07, 4-8-08 and 12-11-08

cc: Chief State School Officers
Regional Resource Centers
Parent Training Centers
Protection and Advocacy Agencies
Section 619 Coordinators

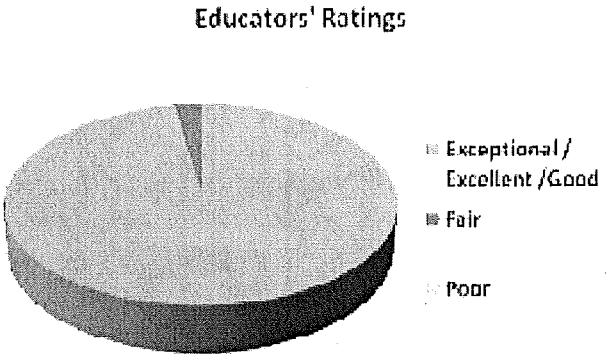
Childhood Lead Poisoning Education ALERT

100% of Bridgeport Early Childhood Educators Overwhelmingly Report there are Childhood Lead Poisoning Needs for Educators, Children and Families



Based on Bridgeport's district-wide Birth to Three System and Pre-K Professional Development Educators' Survey, 100 % of early childhood educators that participated in the February 9, 2010 in-service reported that there is a need for childhood lead poisoning professional development for educators, early childhood intervention, guidelines or policies for Federal Law Compliance for qualifying lead poisoned children, lead safe schools and a seamless process to ensure that qualifying children receive early intervention services. Refer to information above.

97.5 % of Early Childhood Educators Give High Ratings for Bridgeport Health Education Lead Poisoning Professional Development Session



PARTICIPANT SURVEY RATING QUESTIONS

1. How would you rate the overall quality and effectiveness of this Professional Development Session?
2. To what extent did this session provide information to help you better understand the educational issues, special needs of children who suffer from lead poisoning and strategies?
3. How would you rate the overall quality of the presenters?

Below are the Survey Participant Ratings for the February 9, 2010 Pre-K and Birth to 3 Session

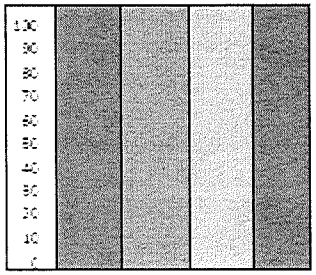
- Exceptional / Excellent / Good – 97.5% (39 out of 40)
- Fair – 2.5% (1 out of 40)
- Poor – 0 – 0%

2010 Bridgeport Health Education Lead Poisoning

Professional Development for Bridgeport's School Nurses

SURVEY RESULTS

Bridgeport School Nurses Identify Early Intervention, Parent Training and Professional Development of Educators and Health Professionals as Key Components to Improve the Quality of Health and Education for Bridgeport's Children and Families



Some Comments and Recommendations from Nurse Survey Participants:

1) More Communication with parents
2) State to mandate lead testing for school entrance.
3) Monitor physical exams for lack of lead *testing* results
4) Educate Parents / Guardians to insist on lead testing & Getting Results from Test
5) Many Physician's forms show no documentation that lead *screening* was done
6) Lead Blood Levels are not being done by all physicians.
7) Speak about lead at parent meetings . . . . . Have handouts . . . Be aggressive!

100% of School Nurse Survey Participants reported the following:

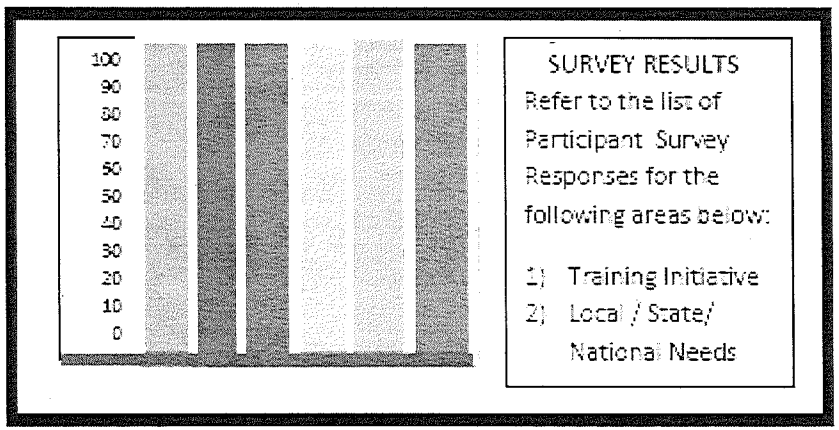
- There is a need for Birth to Three and Early Childhood Education to address the early intervention educational and related service needs of children who are impaired or at risk due to lead poisoning.
- There is crucial / high or significant need for providing training sessions for educators, health professionals and parents to be informed about childhood lead poisoning and its impact on learning and behavior of children.
- There is crucial / high or significant need for federal and state agencies to develop guidelines or policy to ensure compliance with Federal Law for children who qualify for early intervention and other services under federal law (*i.e., the Individuals with Disability Act (IDEA) 2004 or Section 504 of the Rehabilitation of the Handicapped Act*).
- There is a crucial / high or significant need for the State Department of Health and the State Department of Education to develop a seamless process to ensure that all lead exposed / poisoned children receive appropriate services.

Sponsored by the Bridgeport Health Department Lead Prevention Program in collaboration with the Bridgeport Public Schools, the Foundation for Educational Advancement, Inc. and the CT Department of Public Health

Developmental & Educational Implications of Childhood Lead Poisoning

BRIDGEPORT Pupil Personnel Staff Training Session Receives Exceptional, Excellent, Very Good and Good Ratings from Participants

Bridgeport Pupil Personnel Staff Evaluate and Identify Educational / Health Childhood Lead Poisoning Training Needs for Educators and Policy Change Health / Education Needs on the Local / State / National Levels



100% of Bridgeport Pupil Personnel Forum survey participants rated the overall quality and effective of the session to be in the exceptional through good range.

100% of Bridgeport Pupil Personnel Forum survey participants reported that the training session provided information that was in the exceptional through good range to help them better understand the medical, educational behavioral and social needs of children who suffer long term effects of childhood lead poisoning.

Survey Participant's Identify Local / State and National Childhood Lead Poisoning Educational Needs

100% of Bridgeport Pupil Personnel Forum Survey Participants reported that there is a need for providing training sessions to better inform educators, health professionals, parents and pupil personnel service providers about childhood lead poisoning and its impact on learning and behavior of children.

100% of Bridgeport Pupil Personnel Forum Survey Participants reported that there is a need for Birth to Three and Early Childhood Education to address the early intervention educational and related service needs of children who are impaired or at risk due to lead poisoning.

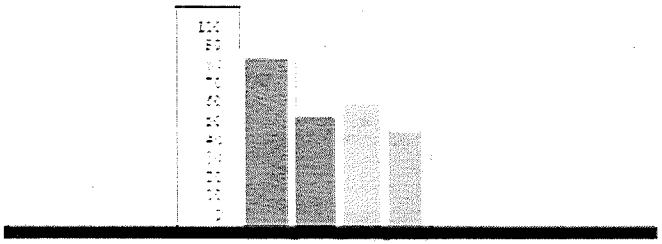
100% of Bridgeport Pupil Personnel survey participants reported that there is a crucial, high or significant need for federal and state agencies to develop guidelines or policy to ensure compliance with Federal Law for children who qualify for early intervention and other services under federal law. (i.e., the Individuals with Disability Act (IDEA) 2004 or Section 504 of the Rehabilitation of the Handicapped Act.

100% of Bridgeport Pupil Personnel survey participants reported that there is a crucial, high or significant need for the State Department of Health and the State Department of Education to develop a seamless process to ensure that all lead exposed / poisoned children receive appropriate services.

Bridgeport High School Students Conduct Lead Information Survey in City's Neighborhoods

Student Survey Results Indicate Need to Increase Community Awareness, Training & Involvement to Eradicate Childhood Lead Poisoning

Student Lead Information Survey Results indicate that there is a Need to Increase Community Awareness, Training and Involvement to Eliminate Childhood Lead Poisoning in Bridgeport's Neighborhoods.



- 77% *of Bridgeport's Neighborhood Survey Participants did not know that the primary source of lead exposure in young children is lead dust.*
- 51% *of survey participants responded I don't know or it is not true that adults can be lead poisoned.*
- 56% *of survey participants responded that they did not know if they lived in a house that was build before 1978 (i.e. A home which most commonly contains lead paint).*
- 48% *did not know that lead is most dangerous to children under the age of 6 years old.*

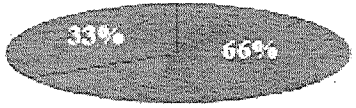
How did Bridgeport Community Survey Respondents Rate the Educational and Behavioral Impact of Childhood Lead Poisoning on Children's Learning?

50% of Bridgeport's Neighborhood survey participants responded, "I DON'T KNOW" or false to the survey item statement, "Lead poisoning is significantly associated with academic failure, aggression, social / emotional / behavioral disorders, delinquency or school drop-out."

51% of Neighborhood Survey Respondents reported "I DON'T KNOW" or that it is false that lead is known to be directly associated with hyperactivity, attention deficits, as well as reading and learning disabilities. Sixty-nine percent of Parent Survey Respondents correctly reported that it is true.

82% Survey Respondent correctly reported that lead poisoning can seriously damage a child's ability to learn.

More Community Awareness Training Needed Regarding State Universal Blood Lead Screening Law



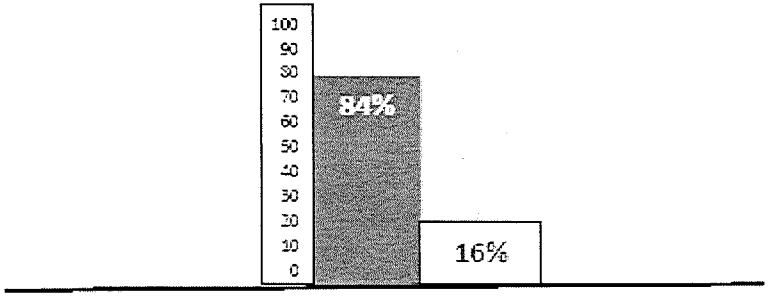
66% of survey participants were unfamiliar with the age at which children are required to have their first blood test *(i.e., Connecticut State Law for Universal Blood lead testing).*

Parent Conference - May, 19, 2010

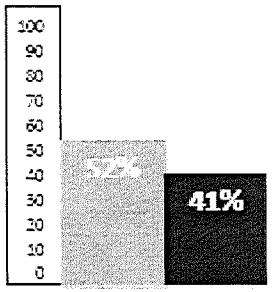
SURVEY RESULTS: Parents Participate in Bridgeport Health Education Lead Poisoning Initiative Survey

Parent Information Survey Results indicate that there is a Need for Health / Education Lead Poisoning and Educational Resource Support for Bridgeport Parents.

84% of Bridgeport's Parent Survey Participants did not know that the primary source of lead exposure in young children is lead dust. Sixteen percent (16%) responded correctly to the survey.



52% of Bridgeport Parents did not know that Federal Law includes services for lead poisoned children who qualify for services as "other health impaired" due to lead poisoning under the Individuals with Disabilities Education Act (I.D.E.A.). 41 % responded correctly



How did Bridgeport Parent Survey Respondents Rate the Educational and Behavioral Impact of Lead Poisoning on Children's Learning?

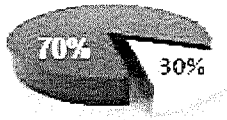
37% of Bridgeport Parent survey participants responded "I DON'T KNOW" or false to the survey item statement, "Lead poisoning is significantly associated with academic failure, aggression, social / emotional / behavioral disorders, delinquency or school drop-out." 63% of Parent Survey Respondents correctly reported that it is true.

31% of Parent Survey Respondents reported "I DON'T KNOW" or that it is false that lead is known to be directly associated with hyperactivity, attention deficits, as well as reading and learning disabilities. Sixty-nine percent of Parent Survey Respondents correctly reported that it is true

94% of Parent Survey Respondent correctly reported that lead poisoning can seriously damage a child's ability to learn. Six percent responded false or "I DON'T KNOW."

How did Bridgeport Parent Survey Participants' Responses Indicate Their Knowledge about CT's 2007 Universal Blood Lead Screening Law?

70% of Bridgeport Parent Survey Participants responded true or "I DON'T KNOW" to the survey item "Children should have their first blood test for lead when they are three years old." Only thirty percent of parent survey participants responded correctly. *



* CT's Public Act 07-2 "An Act Concerning the Prevention of Childhood Lead Poisoning" mandates that primary care providers conduct annual blood lead screening for every CT child age 9 months through 35 months

Connecticut Screening Data of Reported Elevated Blood Lead Levels for Children under the Age of 6 Years Old *(Source CDC 2010)*

Number of Children Tested and Confirmed EBLLs by State, Year, and BLL Group, Children < 72 Months Old

Year	State	Population < 72 months old	Number of Children Tested	Total Confirmed Children	Confirmed EBLLs as % of Children Tested	Number of Confirmed Children By Highest Blood Lead Level (µg/dL) at or Following Confirmation					
						10-14 µg/dL	15-19 µg/dL	20-24 µg/dL	25-44 µg/dL	45-69 µg/dL	>=70 µg/dL
1997	Connecticut	260,336	22,435	298	1.33%	196	54	26	20	2	0
1998		261,163	60,725	2,410	3.97%	1,284	533	293	275	31	4
1999		262,845	65,603	2,155	3.28%	1,246	460	219	196	31	3
2000		270,187	64,685	2,371	3.67%	1,353	514	258	218	26	2
2001		270,763	67,512	2,025	3.00%	1,206	449	191	156	22	1
2002		270,763	69,670	1,813	2.60%	1,059	392	186	157	14	5
2003		261,945	69,521	1,589	2.29%	973	316	133	146	18	3
2004		260,760	69,910	1,526	2.18%	936	298	131	141	19	1
2005		257,471	69,192	1,310	1.89%	639	286	95	106	15	0
2006		255,562	69,567	1,166	1.68%	716	221	102	102	24	1
2007		254,747	72,057	1,016	1.41%	671	239	99	89	15	3
				17,680							

Problem Statement:

According to the Centers for Disease Control's 1997 through 2007 CT Data, there were (17,680) confirmed CT children under the age of 6 who had elevated blood lead levels high enough to place them at risk of permanent brain damage with only approximately 25% of children screened. Based on current research, childhood lead poisoning is associated with permanent brain damage resulting in learning disabilities, attention deficits, concentration problems, school failure, delinquency, school drop-out and even death; however, it is entirely preventable

Centers for Disease Control (CDC) DATA, Statistics and Surveillance (Data submitted by Connecticut to the CDC)
Centers for Disease Control's National Surveillance Data for CT (1997 – 2007): http://www.cdc.gov/nceh/lead/data/StateConfirmedByYear_1997_2007Web.htm

UPDATE: 1997 through 2009 Childhood Lead Poisoning Prevalence Data

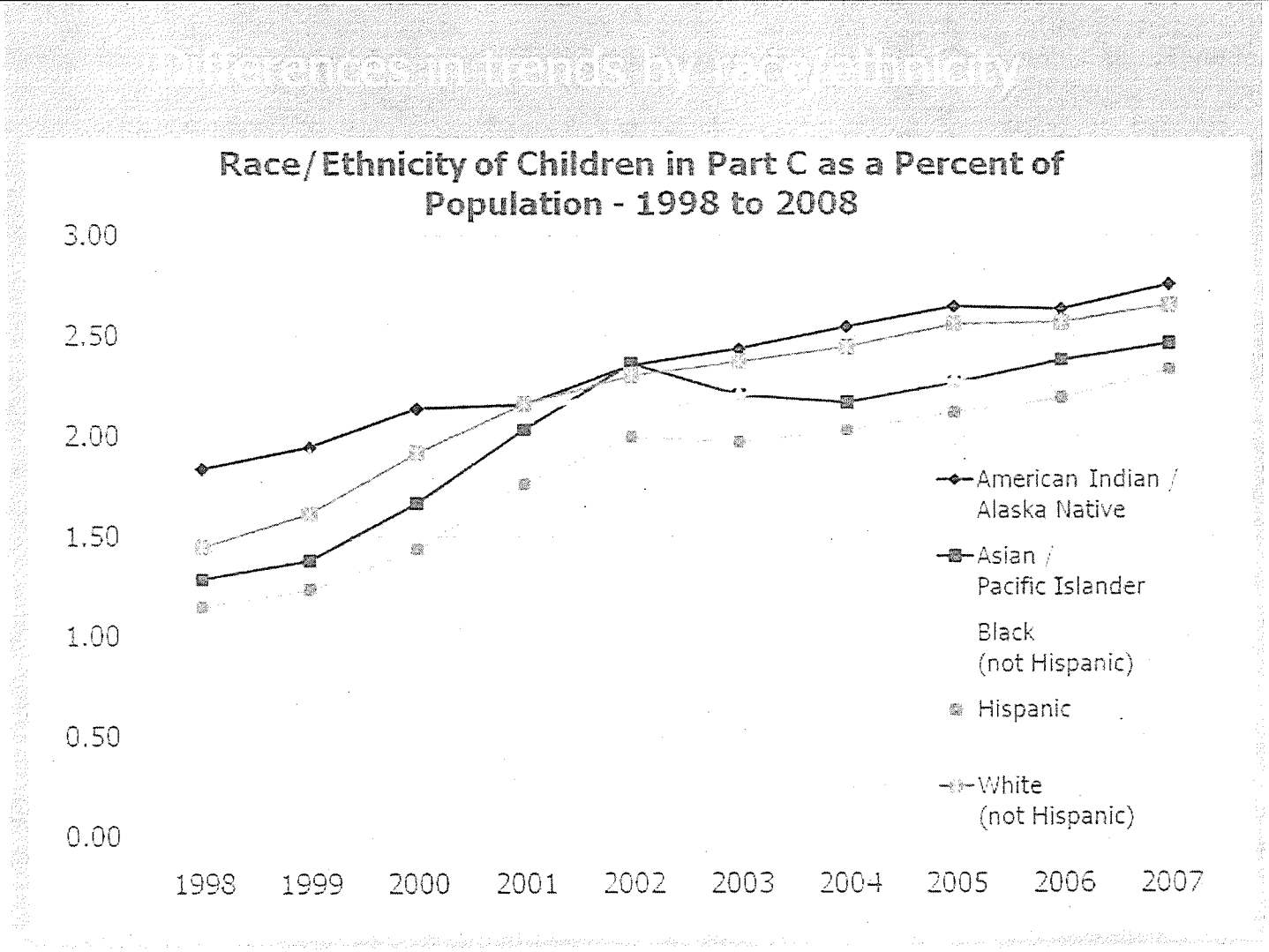
Based on CT DPH data, there were 19,468 confirmed children under age 6 with BLLs of ≥10 µg/dl during the years 1997 – 2009 (BLL Screening rates for 2009=31.6% and 2008=28.4%) According to DPH in 2008 there were *1058 confirmed children under 6 with elevated BLL's ≥10 µg/dl*) and in 2009 there were *737 confirmed children under 6 with elevated BLL's ≥10 µg/dl*

Total Number of CT Tested and Screened children with EBBL≥*10 µg/dl* for 1997 through 2009 = 19,468

I.D.E.A. "Part C" Racial and Ethnic Disparities Exist Due to Disproportionate Numbers of Minority Children Participating in Early Intervention Programs for Infants and Toddlers

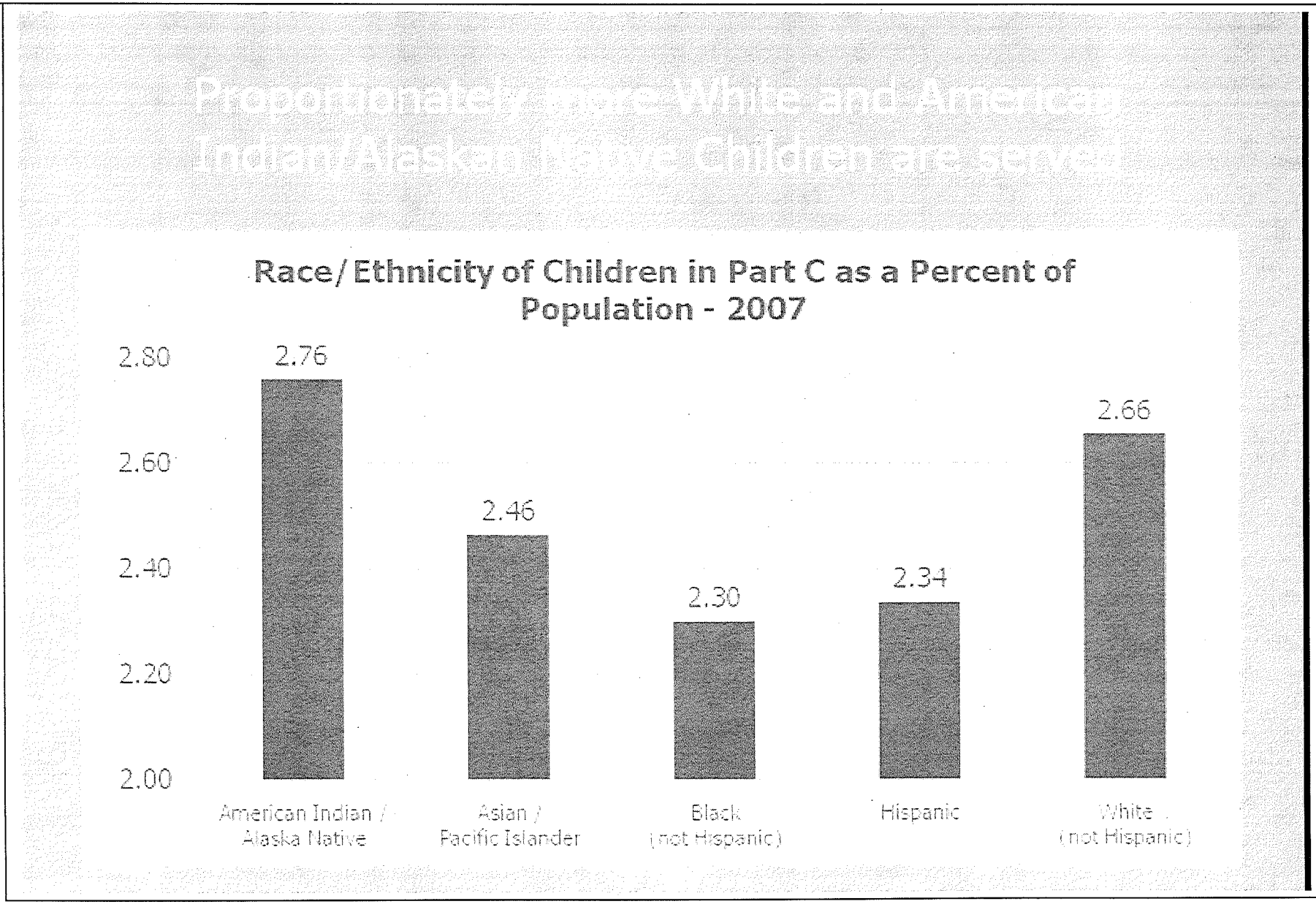
According to the a recent National Early Intervention Longitudinal Study (NEILS), both Black and Hispanic young children are **disproportionately under represented** in early intervention programs for Part C of the Individuals with Disabilities Education Act.

Two Data Sources: *1)* National Early Intervention Longitudinal Study (NEILS) and *2)* Data that States Report annually to the U.S. Department of Education. The NEILS Longitudinal Study followed 3,338 children for ten years (i.e., 1998 through 2007)

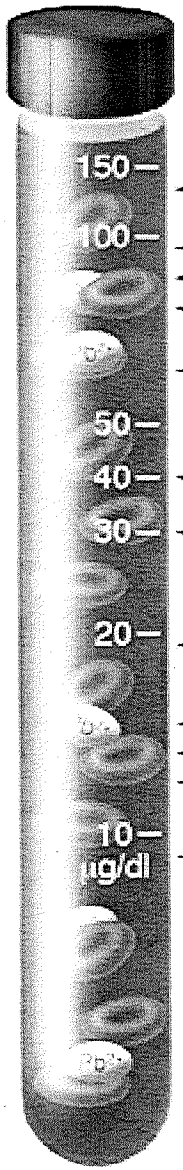


National Early Intervention Longitudinal Studies (NEILS)

Black and Hispanic Infants and Toddlers are the Least Served in I.D.E.A. Part C - Early Intervention



The Concentration of Lead in Whole Blood (ug/dL) and Its Health Effects in Children



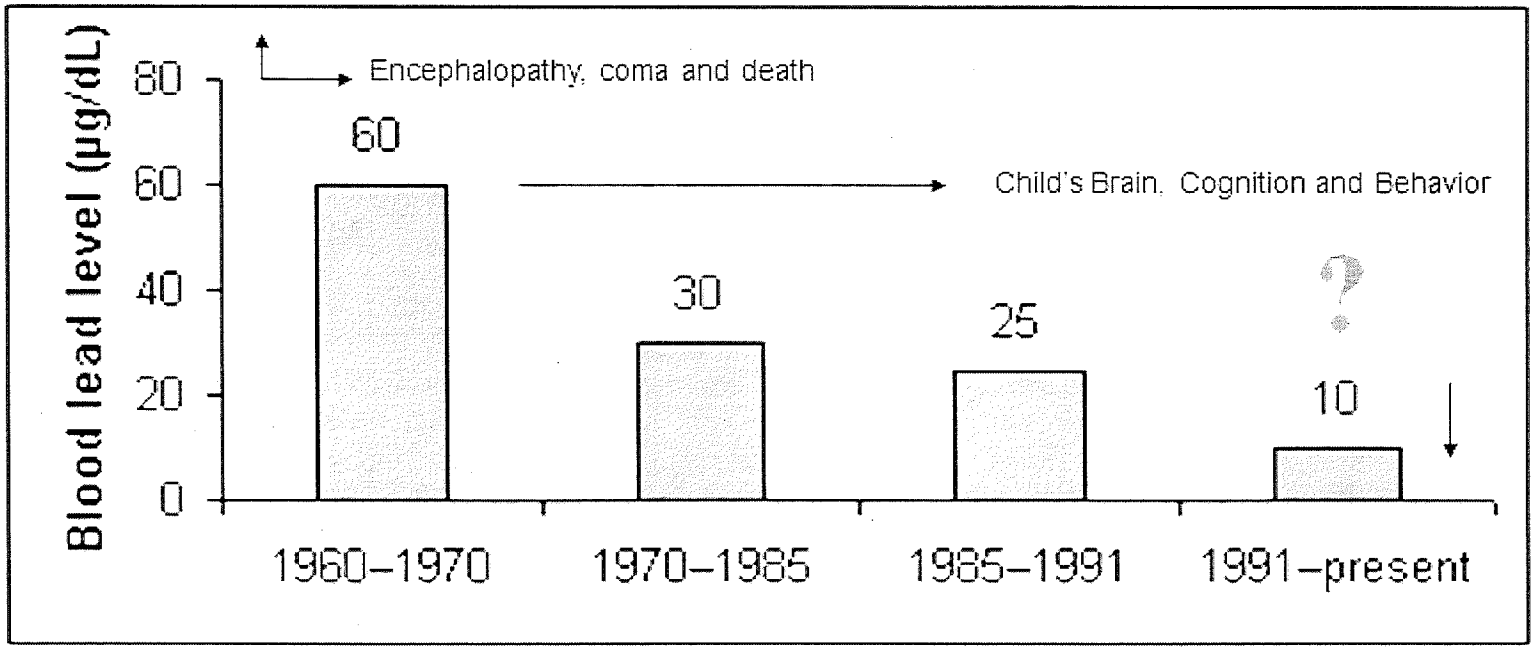
- 150 — Death
- 100 — Encephalopathy
- Nephropathy
- Frank anemia
- Colic
- 50 —
- 40 — Decreased hemoglobin synthesis
- 30 — Increased vitamin D metabolism
  Increased risk of hypertension in adulthood
- 20 — Increased nerve conduction velocity
- Increased level of erythrocyte protoporphyrin
- Decreased vitamin D metabolism
- Decreased calcium homeostasis
- 10 ug/dl — Developmental toxicity
  Decreased IQ level
  Decreased hearing
  Decreased growth
  Impaired peripheral nerve function
  Transplacental transfer

Credits: from Bellinger & Bellinger, Journal of Clinical Investigation, 2006.
ATSDR, http://www.atsdr.cdc.gov/HECCSEM/lead/physiologic_effects_html

UPDATED DDS ELIGIBILITY CRITERIA IS CRUCIALLY NEEDED FOR CT's INFANTS & TODDLERS:
Connecticut's Department of Developmental Services Automatic Action Level Criteria is More than Half a Century Old.
Although the Connecticut's State Department of Public Health has recommended that Birth to Three lower their Lead Intoxication level for Automatic Eligibility for Lead Poisoned Children, the Department of Developmental Services (DDS) continues to use a "Greater than 45 micrograms per deciliter of blood" criteria. Based on the Centers for Disease's Action level, CT's DDS's Criteria is decades outdated.

UNIVERSITY OF Cincinnati

Blood Lead Concentrations of Concern in Young Children Over the Years: A Glacial Pace of Change?



The United States Centers for Disease Control and Prevention and Other Expert Consensus Action Levels

RECOMMENDATIONS

1) That the Department of Developmental Services' (DDS) Birth to Three System update and lower its agency's criteria and take corrective actions per recommendations of the CT State Department of Public Health to lower its Lead Intoxication Criteria in alignment with current research and in compliance with federal law regarding PART C of I.D.E.A.

2) That the Connecticut State Department of Education and other key stake holders establish a TASK FORCE / COMMITTEE to develop guidelines for compliance with I.D.E.A (Parts B and C) and Section 504 of the Rehabilitation Act to ensure that the civil rights of handicapped lead exposed infants, toddlers and school age children are protected and complied with in all of CT's schools, Birth to Three System and other educational programs including Higher Education pre-service and in-service training for educational personnel and parents involved in PPT's, the development of IEP's or Family with Service Needs.

(*Effective July 1, 2011*) (a) On or before January 1, 2012, the Department of Education, in consultation with the Departments of Public Health and Developmental Services, the Department of Higher Education, the stakeholder committee described in subsection (b) of this section, the chairpersons and ranking members of the joint standing committee of the General Assembly having cognizance of matters relating to education and the chairpersons and ranking members of the select committee of the General Assembly having cognizance of matters relating to children, shall develop guidelines that are in compliance with the Individuals with Disabilities Act, 20 USC 1471 et seq., and Section 504 of the Rehabilitation Act of 1973, as amended from time to time, regarding the prevention of lead poisoning among students and the care of students with lead poisoning. Such guidelines shall include, but not be limited to: (1) Information concerning professional development opportunities for educators and school personnel pertaining to the effects of lead on brain development, learning and behavior and a child's social and emotional development, (2) methods that educators and pupil personnel staff may use to mitigate the effects of lead on a child's brain, such as early intervention, special education, cognitive rehabilitation, speech and language intervention and related services, (3) information for physicians, psychologists, speech and language pathologists and other clinicians relating to the appropriate developmental, neurological and cognitive diagnostic or developmental evaluations and assessments available for determining lead-related impairments in a child's brain, (4) information for parents and guardians concerning available means of prevention of lead poisoning and available services for the treatment and care of a child suffering from lead poisoning, and (5) information for parents and guardians concerning federal parental due process rights. The Department of Education shall make such guidelines available to local and regional boards of education.

(b) Membership of the lead poisoning prevention and treatment stakeholder committee, identified in subsection (a) of this section, shall include (1) the chairperson of the State Interagency Birth-to-Three Coordinating Council or the chairperson's designee, (2) the executive director of the Commission on Children, or the executive director's designee, (3) the director of the Children's Trust Fund, or

the director's designee, (4) the executive director of the Office of Protection and Advocacy for Persons with Disabilities, or the executive director's designee, (5) the executive director of the Foundation for Educational Advancement, or the executive director's designee, (6) the executive director of Connecticut Charts-A-Course, or the executive director's designee, (7) the president of the Connecticut Nurses Association, or the president's designee, (8) the director of the Connecticut Health Information Network, or the director's designee, and (9) persons selected by the Commissioner of Education who shall include, but not be limited to, a person identified by the commissioner as someone who is an expert on the educational implications of childhood lead poisoning as it relates to federally required services, an attorney who has expertise in special education law as it relates to educational services for children suffering from exposure to lead or lead poisoning, a physician, a school administrator, a teacher, three parents, one of whom shall be a parent representing the African-American community and one of whom shall be a parent representing the Latino community and any other person the commissioner deems appropriate.

(c) The Department of Education may seek funding from nonprofit organizations and private sources for purposes of developing the guidelines described in this section."

Dr. Vivian Cross
19 Elaine Drive
Simsbury, Connecticut
Telephone: (860) 658-2597 or (860) 214-6472 Email: vac2007@comlumbia.edu

Background Information:

- Executive Director of the Foundation for Educational Advancement, Inc
- State of Connecticut Board Member for the Office of Protection and Advocacy for Persons with Disabilities.
- Educational Consultant and Member of the Centers for Disease Control's (CDC's) Advisory Committee on Childhood Lead Poisoning Prevention's (ACCLPP's) National Education Work Group on Early Intervention and Assessment for children exposed to lead poisoning.